

# BEST AVAILABLE COPY

SERIAL NUMBER <b>09/367,670</b>	FILING DATE <b>10/18/99</b>	CLASS <b>370</b>	GROUP ART UNIT <b>2731</b> <i>273B</i>	ATTORNEY DOCKET NO. <b>SIM0065</b>
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APPLICANT

**MICHAEL COVELEY, ONTARIO, CANADA; SRDJAN MILUTINOVIC, ONTARIO, CANADA.**

  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED None D.O.

  

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A 371 OF PCT/CA98/01146 12/18/98

O'Kuy D.O.

  

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED CANADA 2,225,227 12/18/97

O'Kuy D.O.

  

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/08/99 \*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY <b>CAX</b>	SHEETS DRAWING <b>15</b>	TOTAL CLAIMS <b>19</b>	INDEPENDENT CLAIMS <b>3</b>
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Verified and Acknowledged P.O.  
Examiner's Initials                      Initials

  

ADDRESS

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TITLE

**INTELLIGENT COMMUNICATION SERVER AND COMMUNICATION SYSTEM  
INCORPORATING SAME**

  

FILING FEE RECEIVED  <b>\$485</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DÉPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issuè) <input type="checkbox"/> Other _____ <input type="checkbox"/> Crédit _____
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